

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90052 037 ***150.00

DOCUMENT # V06322

1. Entity Name
SUN & FUN INC.

Principal Place of Business

**404 WASHINGTON AVE
STE 120
MIAMI BEACH FL 33139
US**

Mailing Address

**404 WASHINGTON AVE
STE 120
MIAMI BEACH FL 33139
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-1978208**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HART, BRIAN A
THOMSON, MURARO, RAZOOK & HART, P.A.
ONE SE 3RD AVE- 17TH FLR
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **HART, BRIAN A**
Street Address (P.O. Box Number is Not Acceptable) **ADORNO & ZEDER**
2601 S. Bayshore Drive, 16th Floor
City **Miami** **FL** Zip Code **33133**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **NEE, M.**
STREET ADDRESS **404 WASHINGTON AVE- STE 120**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **VPS** ☐ Delete
NAME **COLONNESSE, CATHERINE F**
STREET ADDRESS **404 WASHINGTON AVE- STE 120**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **VP** ☐ Delete
NAME **BERNSTEIN, MICHAEL A**
STREET ADDRESS **404 WASHINGTON AVE SUITE 120**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **VPS COLONNESSE, CATHERINE F**
STREET ADDRESS **404 WASHINGTON AVE- STE 120**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 305 532 2519

Date

Daytime Phone #

CR2E034 (9/01)